

Bulletin

Michigan Department of Community Health

Bulletin: MSA 05-66

Distribution: Practitioners, Outpatient Hospitals, Medicaid Health Plans

Issued: December 1, 2005

Subject: Rate Increase for Obstetrical Services

Effective: January 1, 2006

Programs Affected: Medicaid, Maternity Outpatient Medical Services (MOMS)

This bulletin is being issued in response to the Michigan Department of Community Health's FY 2006 budget boilerplate contained in Public Act 154 of 2005.

Section 1635 of the Act directs the department to increase Medicaid reimbursement rates for obstetrical services. Effective for dates of service on and after January 1, 2006, a 20% increase will be implemented for the following obstetrical services:

Procedure Code	Description	Current Fee		1/1/06 Fee	
Code		Non-Fac	Fac	Non-Fac	Fac
59400	Obstetrical care	\$0.00	\$1,067.58	\$0.00	\$1,281.10
59409	Obstetrical care	\$0.00	\$572.80	\$0.00	\$687.36
59410	Obstetrical care	\$0.00	\$628.35	\$0.00	\$754.02
59412	Antepartum manipulation	\$62.87	\$62.87	\$75.44	\$75.44
59414	Deliver placenta	\$0.00	\$56.62	\$0.00	\$67.94
59425	Antepartum care only	\$243.10	\$192.50	\$291.72	\$231.00
59426	Antepartum care only	\$407.37	\$314.36	\$488.84	\$377.23
59430	Care after delivery	\$83.11	\$76.86	\$99.73	\$92.23
59510	Cesarean delivery	\$0.00	\$1,193.32	\$0.00	\$1,431.98
59514	Cesarean delivery only	\$0.00	\$658.06	\$0.00	\$789.67
59515	Cesarean delivery	\$0.00	\$729.97	\$0.00	\$875.96
59610	Vbac delivery	\$0.00	\$1,120.55	\$0.00	\$1,344.66

Procedure Code	Description	Current Fee		1/1/06 Fee	
Code		Non-Fac	Fac	Non-Fac	Fac
59612	Vbac delivery only	\$0.00	\$630.50	\$0.00	\$756.60
59614	Vbac care after delivery	\$0.00	\$683.46	\$0.00	\$820.15
59618	Attempted vbac delivery	\$0.00	\$1,255.54	\$0.00	\$1,506.65
59620	Attempted vbac delivery only	\$0.00	\$711.24	\$0.00	\$853.49
59622	Attempted vbac after care	\$0.00	\$788.74	\$0.00	\$946.49

Manual Maintenance

This bulletin may be discarded after review.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Paul Reinhart, Director

Medical Services Administration